

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213552776</b>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>FIRST NATIONAL CORPORATION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>SCOTT C HARVARD</b>  <b>112 W KING ST</b>  <b>STRASBURG, VA 22657</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>SHENANDOAH COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>2/28/2013</b></p> <p>SCC ID NO: <b>02390086</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>8,000,000</td> </tr> <tr> <td>PREFER</td> <td>985,405</td> </tr> <tr> <td>CUMPA</td> <td>13,900</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	8,000,000	PREFER	985,405	CUMPA	13,900
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PREFER	985,405									
CUMPA	13,900									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 112 West King Street</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Strasburg, VA 22657</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Byron A. Brill  TITLE: DIRECTOR  ADDRESS: 203 Salem Church Road  CITY/ST/ZIP/CO: Stephens City, VA 22655 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Byron A. Brill TITLE: DIRECTOR ADDRESS: 203 Salem Church Road CITY/ST/ZIP/CO: Stephens City, VA 22655	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: M. Shane Bell  TITLE: EVP/CFO  ADDRESS: 180 Spring Valley Road  CITY/ST/ZIP/CO: Winchester, VA 22603 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: M. Shane Bell TITLE: EVP/CFO ADDRESS: 180 Spring Valley Road CITY/ST/ZIP/CO: Winchester, VA 22603	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR						
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Douglas C. Arthur  TITLE: CHAIRMAN  ADDRESS: P.O. Box 110  CITY/ST/ZIP/CO: Strasburg, VA 22657 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Douglas C. Arthur TITLE: CHAIRMAN ADDRESS: P.O. Box 110 CITY/ST/ZIP/CO: Strasburg, VA 22657	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Elizabeth H. Cottrell  TITLE: DIRECTOR  ADDRESS: 989 Black Bear Road  CITY/ST/ZIP/CO: Maurertown, VA 22644 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Elizabeth H. Cottrell TITLE: DIRECTOR ADDRESS: 989 Black Bear Road CITY/ST/ZIP/CO: Maurertown, VA 22644	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: James A. Davis  TITLE: DIRECTOR  ADDRESS: 504 Marion Street  CITY/ST/ZIP/CO: Winchester, VA 22601 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: James A. Davis TITLE: DIRECTOR ADDRESS: 504 Marion Street CITY/ST/ZIP/CO: Winchester, VA 22601	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Christopher E. French  TITLE: DIRECTOR  ADDRESS: 2040 Ridgeley Road  CITY/ST/ZIP/CO: Woodstock, VA 22664 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Christopher E. French TITLE: DIRECTOR ADDRESS: 2040 Ridgeley Road CITY/ST/ZIP/CO: Woodstock, VA 22664	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott C. Harvard DIRECTOR 508 Courtfield Avenue Winchester, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John K. Marlow VICE CHAIRMAN 707 Commerce Avenue Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. Allen Nicholls DIRECTOR 30 Water Street Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Henry L. Shirkey DIRECTOR P.O. Box 6 Edinburg, VA 22824	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gerald F. Smith, Jr. DIRECTOR P.O. Box 3588 Winchester, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James R. Wilkins, III DIRECTOR 13 South Loudoun Street Winchester, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dennis A. Dysart Sr. EVP/CCO 49 Manor Drive Edinburg, VA 22824	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott C. Harvard PRESIDENT 508 Courtfield Avenue Winchester, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ M. Shane Bell		M. Shane Bell, EVP/CFO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			